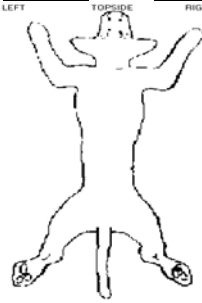



WesternU Pet Health Center Drop OFF & GO Sick Visit

Today's Date: _____	
OWNER'S INFORMATION	
Owner's Last Name: _____	First: _____ Middle: _____
Pet's Name: _____	E-mail Address: _____
IMPORTANT: LIST A NUMBER YOU CAN BE REACHED AT TODAY	
Mobile Phone: () _____	Pick up time will be between 5-6pm unless otherwise indicated below:
Other Contact Phone: () _____	
PATIENT INFORMATION	
What is the reason for today's drop-off exam: _____	
When was your pet last normal: _____	When did the problem start: _____
How has it changed over time: _____	Have you tried anything to fix the problem, and how successful was it: _____
Does your pet have any allergic reactions or problems to vaccines, medications or anesthesia? If so please indicate below.	
Has your pet been having any of these problems below? Please indicate	
<input type="checkbox"/> Coughing <input type="checkbox"/> Sneezing <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Constipation <input type="checkbox"/> Scooting Rear End on the Floor	<input type="checkbox"/> Increased/Decreased Appetite <input type="checkbox"/> Increased/Decreased Water Intake <input type="checkbox"/> Increased/ Decreased Urination <input type="checkbox"/> Straining to Urinate or Defecate <input type="checkbox"/> Cats, eliminating outside litter box <input type="checkbox"/> Other: _____
<p>How many lumps total if any? _____</p> <p>Top: <u>Left Side</u> <u>Right side</u> Bottom: <u>Right side</u> <u>Left side</u></p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <p>LEFT TOPSIDE RIGHT</p>  </div> <div style="text-align: center;"> <p>RIGHT UNDERSIDE LEFT</p>  </div> </div> <p style="text-align: center; font-size: small;">TOTAL NUMBER OF GROWTHS/LUMPS _____</p>	
Please describe the severity and duration of any problems noted above: _____	
What kind of food does your pet eat? How much? How often? _____	Please list any medications your pet is taking, along with the dose (number of pills or amount of liquid), and how often you give it: _____
<p>The doctor will conduct a thorough nose-to-tail physical examination and then call you with any recommendations on a diagnostic and treatment plan. In order to make diagnosis, our doctors may recommend tests and other procedures. We suggest you pre-authorize diagnostic tests up to a certain dollar amount in addition to the physical exam fee. Please check one of the following spending limits for testing. If none is checked, the hospital will call you for approval:</p> <p style="text-align: center;"> <input type="checkbox"/> \$50 <input type="checkbox"/> \$100 <input type="checkbox"/> \$150 <input type="checkbox"/> \$200 <input type="checkbox"/> \$250 </p>	
<p>I am the owner or agent for the owner of the animal described on this form and have authority to execute this consent. I request that the veterinarians, agents and employees of Western University Pet Health Center perform the services which are necessary to the examination, medication and treatment of the animals specifically described and identified on this form. I authorize the veterinarians on duty (and the assistants the designate) to examine the animals to administer medical treatment or emergency surgical treatment which is considered therapeutically and/or diagnostically necessary on the basis of the findings during the course of the examination. Therefore, I hereby consent to and authorize the performance of such procedure(s) as are necessary and desirable in the exercise of the veterinarian's professional judgment. I further understand that any animal found to be infected with either external or internal parasites will be treated for same at my expense. I understand that the treatment of the patient will be conducted with due care and in accordance with the prevailing standards of competency in veterinary medicine. I certify that no guarantee or assurance has been made as to the results that may be obtained through the course of treatment undertaken by the veterinarians, agents or employees of Western University Pet Health Center. I assume financial responsibility for all the charges incurred for the services rendered and understand that full payment is required upon discharge. In case non-payment, I am aware the Western University Pet Health Center will charge the cost of collecting the debt on the amount of owed of services. This includes the collections company's charges, attorney's fees and interest pf 1.5% per month (18% annum). Owners Initial _____ I understand that veterinary students may be involved with the examination and/or treatment of my pet, under the supervision of a veterinarian or Registered Veterinary Technician (RVT).</p>	
Owner Signature _____	Date _____

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